

**State of Rhode Island
Before the State Labor Relations Board**

In the Matter of

KENT COUNTY WATER AUTHORITY

Employer

-and-

Case No. EE-3691

RI COUNCIL 94, AFSCME, AFL-CIO

Employee Representative(s)

**PETITION FOR INVESTIGATION OF CONTROVERSIES AS TO REPRESENTATION
PURSUANT TO SECTION 28-7-16, G. L., 1956, ENTITLED
STATE LABOR RELATIONS ACT**

File a signed original and two (2) copies of this form with the Board. THIS FORM MUST BE TYPED.

1. Type of Petition (Check one)
- ☒ Petition by or on behalf of Employees seeking certification or decertification of an Employee Organization.
- ☐ Petition by Employer seeking to resolve claim of representation by one or more Employee Organizations.
2. Name of Employer Kent County Water Authority
- PO Box 192, West Warwick, RI 02893-0192
- Principal Place of Business (Address)
- Joseph McGair (821-1330)
- Labor Relations Representative (if known)
3. Unit Involved – List specific titles of positions to be included in proposed unit and attach a copy of job descriptions, if available. Attach additional sheets, if necessary.
- Included: See attached List
- Excluded: See attached List
4. Number of employees in unit sought: 24
- A. If the petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is it filed within the 30 day "window period" as outlined in RIGL 28-7-9? Yes ☐ No ☐
- B. Recognized or certified bargaining agent (Incumbent Labor Organization):
- Name: _____
- Address: _____
- If certified, give Case Number: _____ Date Certified: _____
- If recognized, give approximate date: _____
- If there is an existing collective bargaining agreement, give date of expiration: _____ Month/Day/Year
5. List other Employee Organizations known to have an interest in the employees previously described.
- Name(s): None
- Address(es): _____

The undersigned requests pursuant to R.I.G.L. 28-7-16, that the Rhode Island State Labor Relations Board investigates such controversy and certify to the parties the name or names of the representatives that have been designated or selected by said employees.

Names of employees or representatives filing this petition. (If a labor organization, give name and official position of person acting for the organization.)

PETITIONER: John Burns

Signature

Date: 8-23-06

Print Name & Title: John Burns

Address: 1179 Charles Street, North Providence, RI 02904

Phone 724-5900

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Email johnbz28@aol.com

NOTE: Petitions seeking representation or decertification must be accompanied by a Cards of Interest of at least 30% of the employees in the bargaining unit.

Positions to be Included in the Bargaining Unit

Construction Administrator

Crew Chief

Crew Chief Meter

Dig Safe Laborer

Electrical /Instrument/Control/ Operation Specialist/ Laborer

Equipment Operator

Laborer

Manager Construction Equipment/Inventory

Mechanical Operations Specialist

Meter Reader

Night Laborer

Pipe Installer

Senior Crew Chief

Positions to be Excluded from the Bargaining Unit

Chief Facilities

Chief System

Customer Services Representative

Director of Finance

Director of Technical Services

Engineer

General Manager